



Thursday 9 July 2020

Statistical Press Notice
NHS referral to treatment (RTT) waiting times data
May 2020

NHS England and NHS Improvement released statistics today on referral to treatment (RTT) waiting times for consultant-led elective care. The statistics include patients waiting to start treatment at the end of May 2020 and patients who were treated during May 2020.

Main findings

- At the end of May 2020, 62.2% of patients waiting to start treatment (incomplete pathways) were waiting up to 18 weeks, thus not meeting the 92% standard.
- The number of RTT patients waiting to start treatment at the end of May 2020 was 3.8 million patients. Of those, 26,029 patients were waiting more than 52 weeks.
- For patients waiting to start treatment at the end of May 2020, the median waiting time was 15.3 weeks. The 92nd percentile waiting time was 34.3 weeks.
- During May 2020, 54,550 RTT patients started admitted treatment and 505,690 started non-admitted treatment (completed pathways).

Missing data for May 2020

The following trusts did not submit any RTT pathway data:

- Kent Community Health NHS Foundation Trust (RYY)
- North West Anglia NHS Foundation Trust (RGN)
- Royal Free London NHS Foundation Trust (RAL)

Bradford Teaching Hospitals NHS Foundation Trust (RAE) did not submit completed admitted or non-admitted pathways data.

Factoring in estimates based on the latest data submitted for each missing trust suggests the total number of RTT patients waiting to start treatment at the end of May 2020 may have been 3.9 million patients. See section 5 of 'Notes to editors' for details of the latest data submitted by missing trusts.

Further information

Detailed tables of incomplete and completed pathway waiting times by treatment function (specialty), commissioner and provider are available at:

<http://www.england.nhs.uk/statistics/rtt-waiting-times/>

RTT pathways commissioned by NHS England

From April 2020, we are collecting and publishing a breakdown of NHSE-commissioned services that was previously grouped together under the single code X24. Pathways commissioned by NHS England will be shown under the following commissioner codes in the publication files:

85J	NORTH EAST AND YORKSHIRE COMMISSIONING HUB
27T	NORTH WEST COMMISSIONING HUB
14A	MIDLANDS COMMISSIONING HUB
14E	EAST OF ENGLAND COMMISSIONING HUB
14G	SOUTH EAST COMMISSIONING HUB
14F	SOUTH WEST COMMISSIONING HUB
13R	LONDON COMMISSIONING HUB
13Q	NATIONAL COMMISSIONING HUB 1
Y63	NORTH EAST AND YORKSHIRE COMMISSIONING REGION
Y62	NORTH WEST COMMISSIONING REGION
Y60	MIDLANDS COMMISSIONING REGION
Y61	EAST OF ENGLAND COMMISSIONING REGION
Y59	SOUTH EAST COMMISSIONING REGION
Y58	SOUTH WEST COMMISSIONING REGION
Y56	LONDON COMMISSIONING REGION
76A	NORTH EAST AND YORKSHIRE - H&J COMMISSIONING HUB
32T	NORTH WEST - H&J COMMISSIONING HUB
14Q	MIDLANDS - H&J COMMISSIONING HUB
14R	EAST OF ENGLAND - H&J COMMISSIONING HUB
97T	SOUTH EAST - H&J COMMISSIONING HUB
14T	SOUTH WEST - H&J COMMISSIONING HUB
14M	LONDON - H&J COMMISSIONING HUB
X24	NHS ENGLAND

In regional aggregations in the publication files, all pathways under any of these commissioner codes are aggregated into the 'NHS ENGLAND' region totals.

The overarching commissioning code X24, which was used for all NHS England Commissioned activity until March 2020, is being phased out from the monthly RTT data return with effect from the April 2020 data return onwards. Providers that are able to submit data under the relevant commissioner code as outlined in the NHS England Commissioning Responsibilities Matrix were asked to do so from the April 2020 data return onwards. The X24 code will continue to be available until further notice for those

providers that are not able to make the change at this time because of the need to divert resources to support the response to COVID-19.

See <https://www.england.nhs.uk/data-services/commissioning-flows/> for more information on the Commissioner Assignment Method, and Appendix A of the Commissioner Assignment Method – Supporting Tables Spreadsheet 2020/21 spreadsheet at <https://www.england.nhs.uk/publication/commissioner-assignment-method/> for details of the codes used.

Changes affecting the Full CSV data file

From April 2020, 14 NHS England (Region, Local Offices), also known as Direct Commissioning Offices (DCO), were replaced by 42 sustainability and transformation partnerships (STPs) as the Higher-Level Health Authority in NHS Organisation Reference Data. As a result, the Provider/Commissioner Parent Org Code/Parent Name columns in the Full CSV data file now show the relevant STP code/name.

See <https://digital.nhs.uk/services/organisation-data-service/changes-to-ord-stp-reconfiguration> for further detail.

National trends

- Of patients waiting to start treatment at the end of May 2020, 62.2% were waiting up to 18 weeks. This was 24.6 percentage points lower than in May 2019 (chart 1).
- The number of completed RTT pathways per working day was down by 8.8% in the 12 months to May 2020 compared to the preceding 12 month period, having taken account of trusts not submitting data (chart 2). Note our standard approach to factoring in missing data will underestimate the reduction in completed pathways in the 12 months to May 2020 as it overestimates the number of pathways in the missing trusts for the months where elective activity has been reduced to release capacity across the NHS to support the response to COVID-19 (see section 5 of Notes for Editors for more information).
- The number of RTT patients waiting to start treatment at the end of May 2020 (incomplete pathways) decreased by 12.4% compared to the end of May 2019, having taken account of trusts not submitting data (chart 3). Our standard approach to factoring in missing data is likely to underestimate the reduction in the size of the waiting list between May 2019 and May 2020 as it may overestimate the number of incomplete pathways in the missing trusts in May 2020 given the national trend for a reduction in waiting list size since the start of COVID-19 (see section 5 of Notes for Editors for more information).

Chart 1: % of incomplete pathways within 18 weeks (published figures)

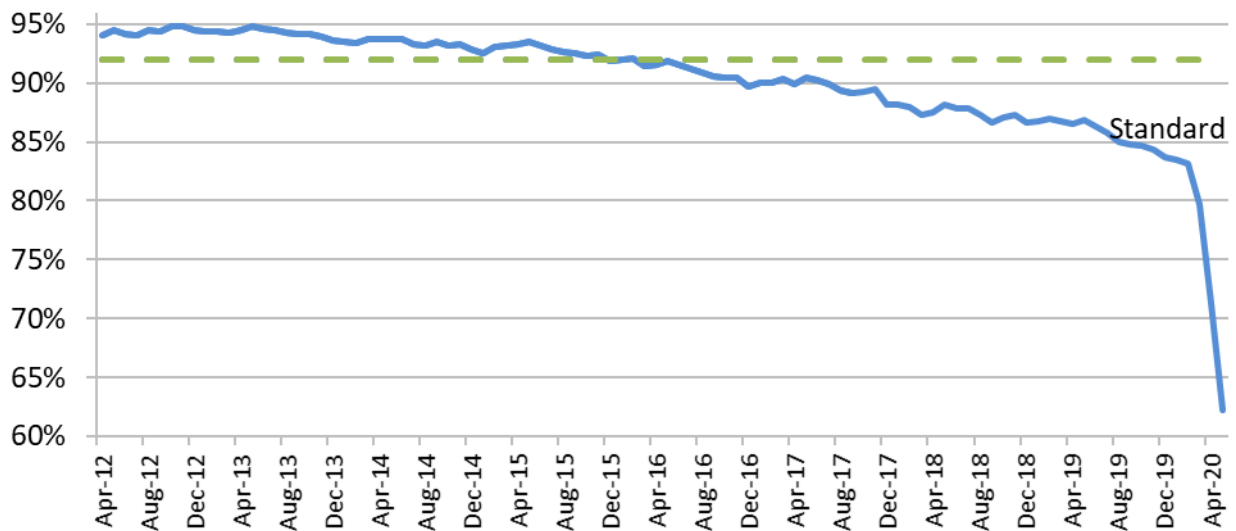


Chart 2: Number of patients starting RTT treatment, including estimates for missing data¹

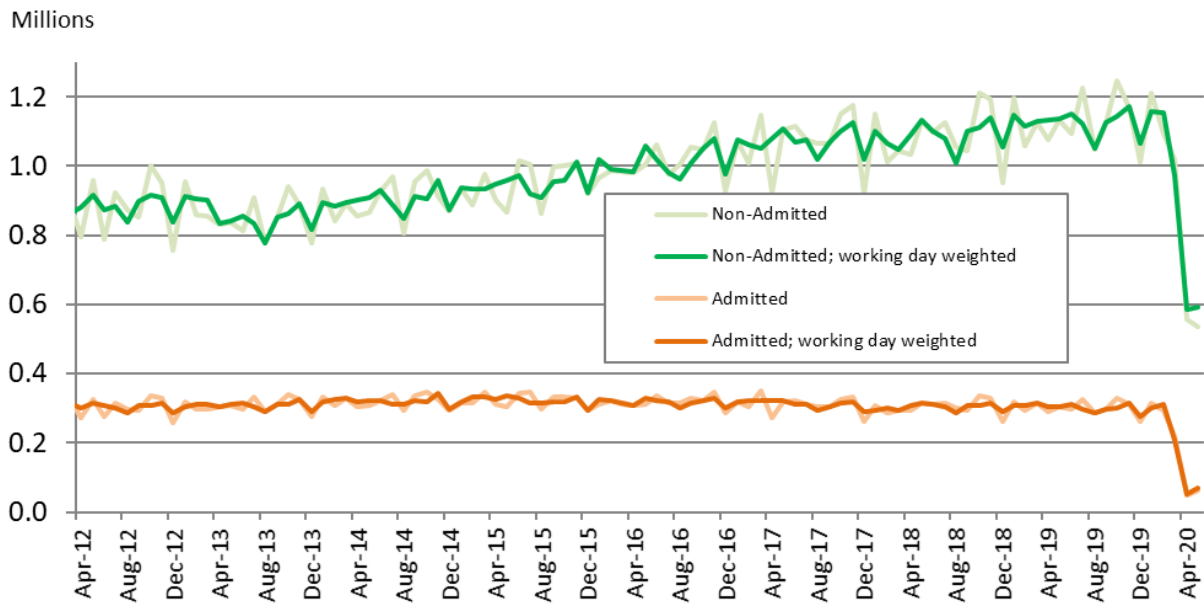
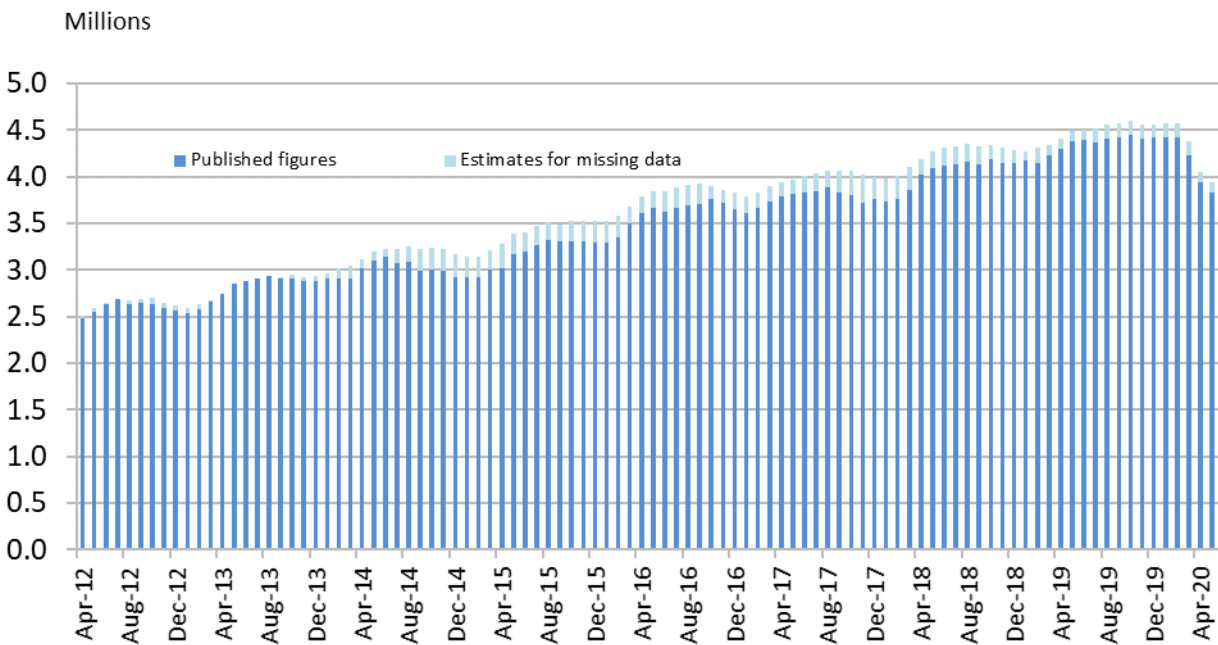


Chart 3: Total incomplete RTT pathways



¹ Working day weighted figures are the number of pathways completed in that month multiplied by the average number of working days in the reference period (Aug-07 to Mar-18) divided by the number of working days that month.

Table 1 – RTT pathways by treatment function, May 2020, England

Treatment function	Incomplete pathways		Completed pathways	
	Total	% within 18 weeks	Admitted Total (all)	Non-admitted Total (all)
General Surgery	284,464	60.6%	5,083	32,647
Urology	208,252	63.3%	5,471	22,860
Trauma & Orthopaedics	456,108	53.0%	2,457	36,106
ENT	292,468	56.8%	1,423	27,954
Ophthalmology	410,799	57.9%	4,157	32,499
Oral Surgery	160,763	52.6%	1,282	12,117
Neurosurgery	33,523	58.0%	630	3,707
Plastic Surgery	51,401	55.1%	4,457	4,339
Cardiothoracic Surgery	8,517	64.2%	828	613
General Medicine	38,678	74.0%	798	7,251
Gastroenterology	196,982	71.4%	4,065	21,103
Cardiology	175,690	68.8%	3,284	26,936
Dermatology	179,218	63.9%	3,138	34,860
Thoracic Medicine	95,998	69.8%	498	15,463
Neurology	110,501	64.1%	334	19,637
Rheumatology	76,552	69.5%	417	12,829
Geriatric Medicine	13,604	80.9%	64	3,709
Gynaecology	260,039	64.1%	3,450	35,426
Other	781,014	67.3%	12,714	155,634
England	3,834,571	62.2%	54,550	505,690

Table 2 – RTT waiting times time series, England

Incomplete pathways			
Month	Median wait (weeks)	92nd percentile (weeks)	% within 18 weeks
Aug 2007	14.3	52.4	57.2%
Mar 2008	9.8	51.6	66.0%
Mar 2009	5.6	23.3	87.6%
Mar 2010	5.2	18.9	91.1%
Mar 2011	5.5	20.7	89.4%
Mar 2012	5.2	17.0	93.3%
Mar 2013	5.5	16.6	94.2%
Mar 2014	5.5	16.9	93.7%
Mar 2015	5.6	17.2	93.1%
Mar 2016	6.4	18.5	91.5%
Mar 2017	6.2	19.5	90.3%
Mar 2018	6.9	21.9	87.2%
Mar 2019	6.9	22.3	86.7%
Apr 2019	7.3	22.6	86.5%
May 2019	7.7	23.0	86.9%
Jun 2019	7.5	22.4	86.3%
Jul 2019	7.3	22.7	85.8%
Aug 2019	8.0	23.7	85.0%
Sep 2019	8.0	23.9	84.8%
Oct 2019	7.6	23.7	84.7%
Nov 2019	7.7	23.9	84.4%
Dec 2019	8.3	24.9	83.7%
Jan 2020	8.4	25.1	83.5%
Feb 2020	7.5	24.7	83.2%
Mar 2020	8.9	26.5	79.7%
Apr 2020	12.2	30.6	71.3%
May 2020	15.3	34.3	62.2%

Notes:

1. Median and 92nd percentile times are calculated from aggregate data, rather than patient level data, and therefore are only estimates of the position on average waits.
2. A more detailed time series table is available at: <http://www.england.nhs.uk/statistics/rtt-waiting-times/>

Notes to editors

1. Referral to Treatment (RTT) pathways

Patients referred for non-emergency consultant-led treatment are on RTT pathways. An RTT pathway is the length of time that a patient waited from referral to start of treatment, or, if they have not yet started treatment, the length of time that a patient has waited so far.

The following activities end the RTT pathway:

- first treatment – the start of the first treatment that is intended to manage a patient's disease, condition or injury in a RTT pathway
- start of active monitoring initiated by the patient
- start of active monitoring initiated by the care professional
- decision not to treat – decision not to treat made or no further contact required
- patient declined offered treatment
- patient died before treatment.

Admitted pathways are the waiting times for patients whose treatment started during the reporting period and involved admission to hospital. These are sometimes referred to as inpatient waiting times. They include the complete time waited from referral until start of inpatient treatment.

Non-admitted pathways are the waiting times for patients whose wait ended during the reporting period for reasons other than an inpatient or day case admission to hospital for treatment. These are sometimes referred to as outpatient waiting times. They include the time waited for patients whose RTT waiting time clock either stopped for treatment or other reasons, such as a patient declining treatment.

Incomplete pathways are the waiting times for patients waiting to start treatment at the end of the reporting period. These patients will be at various stages of their pathway, for example, waiting for diagnostics, an appointment with a consultant, or for admission for a procedure. These are sometimes referred to as waiting list waiting times and the volume of incomplete RTT pathways as the size of the RTT waiting list.

Each pathway relates to an individual referral rather than an individual patient so if a patient was waiting for multiple treatments they may be included in the figures more than once. Where we refer to the number of 'patients' waiting or starting treatment, technically, we are considering the number or percentage of 'pathways'.

The Department of Health published the RTT Rules Suite on 28 November 2007. This document was updated in October 2015 and can be found at:

<https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks>

Other guidance documents relating to RTT waiting times can be found at:

<http://www.england.nhs.uk/statistics/rtt-waiting-times/rtt-guidance/>

2. RTT waiting time rights and pledges

The NHS Constitution states that patients have the right to start non-emergency consultant-led treatment within 18 weeks of referral, unless they choose to wait longer or it is clinically appropriate that they wait longer, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible.

3. RTT waiting times standards

The NHS Constitution standard sets out that more than 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral.

The standard leaves an operational tolerance to allow for patients for whom starting treatment within 18 weeks would be inconvenient or clinically inappropriate. These circumstances can be categorised as:

- patient choice – patients who choose to delay treatments for personal or social reasons
- co-operation – patients who do not attend appointments along their pathways
- clinical exceptions – patients for whom it is not clinically appropriate to start treatment within 18 weeks.

In addition, NHS England introduced a zero tolerance of any referral to treatment waits of more than 52 weeks in 2013/14.

In June 2015, Simon Stevens accepted Sir Bruce Keogh's recommendations for improvements to the waiting time standards for elective care. The admitted (90%) and non-admitted (95%) operational standards were abolished, and the incomplete pathway standard (above) became the sole measure of patients' constitutional right to start treatment within 18 weeks. On 1 October 2015, the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No.2) Regulations 2015 came into effect, removing the provision to report pauses or suspensions in RTT waiting time clocks in monthly RTT returns to NHS England and removing the admitted and non-admitted standards.

4. RTT waiting times data collection

RTT data is collected from providers of consultant-led services for NHS patients in England and is reviewed and signed-off by English commissioners.

The data measures RTT waiting times in weeks, split by treatment function. The treatment functions are based on consultant specialties. The data return includes all patients whose RTT clock stopped at any point in the reporting period or whose RTT clock is still running at the end of the reporting period.

For the period to September 2015, there were two main central returns:

- Unadjusted: covering admitted patients, non-admitted patients and patients on incomplete pathways.

- Adjusted: covering admitted patients on an adjusted basis. Adjustments were permitted to admitted pathways for clock pauses, where a decision to admit for treatment had been made, and the patient had declined at least two reasonable appointment offers for admission. The RTT clock was paused for the duration of the time between the earliest reasonable date offered and the date from which the patient made themselves available for admission for treatment.

For October 2015 data onwards, the reporting requirements changed as follows:

- there is no longer a requirement for providers to submit admitted adjusted data
- unadjusted admitted and non-admitted completed pathway data is still required but will no longer be used for monitoring against operational standards
- the requirement to report incomplete pathway data remains unchanged – and has always been an unadjusted submission
- two new data items were added to the monthly data return: incomplete pathways where a decision has been made to admit the patient for treatment and new RTT pathways.

The figures for incomplete pathways with a decision to admit for treatment consist of cases where first definitive treatment has not started and a clinical decision to admit to a hospital bed for treatment has been made and the patient is awaiting admission, regardless of whether a date to admit has been given.

The difference between the values submitted for this data item and for total incomplete pathways equates to the number of incomplete pathways without a decision to admit for treatment. This will include patients where first contact has not yet been made, patients waiting for first definitive treatment as an outpatient and patients where a decision to admit for a diagnostic procedure has been made.

For new RTT pathways, providers are asked to submit the number of new RTT pathways in the reporting month. In other words, RTT pathways where the clock start date is within the reporting month. This will include those where the clock also stopped within the reporting month.

A spreadsheet showing a time series for total admitted, non-admitted and incomplete pathways with and without estimates for missing data accompanies this statistical press notice.

5. RTT data availability

Data for admitted patients (patients whose RTT clock stopped with an inpatient/day case admission) has been published each month since January 2007 on an unadjusted basis, and was published each month between March 2008 and September 2015 on an adjusted basis.

Data for non-admitted patients (patients whose RTT clock stopped during the month for reasons other than an inpatient/day case admission) and incomplete RTT times for patients whose RTT clock is still running has been published each month since August 2007.

RTT waiting times figures are published to a pre-announced timetable, roughly 6 weeks after the end of the reference month. Publication day is typically the second Thursday of each calendar month.

Revisions to published figures are released on a six-monthly basis in accordance with the NHS England and NHS Improvement statistics revision policy. This policy is available from the NHS England website at the following address:

https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2018/12/SDCS-Revisions-Policy_v1.0.pdf. RTT revisions are usually released in January and July.

Two acute trusts did not submit data on incomplete RTT pathways for May 2020. Factoring in estimates based on the latest data submitted for each of these missing acute trusts suggests the total number of RTT patients waiting to start treatment at the end of May 2020 may have been 3.9 million patients. The latest figures submitted by missing acute trusts are shown in the table below.

Trust	Latest available incomplete RTT pathway data (rounded to nearest hundred)	Month incomplete pathway data last submitted
North West Anglia NHS Foundation Trust	38,300	Jun-19
Royal Free London NHS Foundation Trust	66,000	Jan-19

One non-acute trust – Kent Community Health NHS Foundation Trust (RYY) – was also unable to submit data on incomplete RTT pathways for May 2020. An estimate for this trust has not been included in the estimate of the total number of RTT patients at England level above. Based on the latest data submitted (3,625 incomplete pathways in April 2020), factoring in estimates for this trust would not make a material difference to the England level estimate.

Our standard approach to factoring in missing data is likely to overestimate the number of incomplete pathways in the missing trusts in May 2020 given the national trend for a reduction in waiting list size since the start of COVID-19.

To estimate the impact of missing data on completed (admitted and non-admitted) pathways, the total number of pathways per working day in each provider in the month prior to the gap in reporting can be applied to all missing months multiplied by the relevant number of working days in each month. Using this approach, the number of completed RTT pathways per working day decreased by 8.8% in the 12 months to May 2020 compared to the preceding 12 month period. Note this standard approach to factoring in missing data will underestimate the reduction in completed pathways in the 12 months to May 2020 as it overestimates the number of pathways in the missing trusts for the months where elective activity has been reduced to release capacity across the NHS to support the response to COVID-19.

The impact of missing data varies depending on the measure being considered. The biggest impact is on measures of volume, such as the number of completed pathways and the size of the RTT waiting list. The impact of missing trusts on the percentage of incomplete pathways within 18 weeks at England is generally minimal, however, where

a large trust that has previously had a particular high or low percentage of incomplete pathways within 18 weeks does not submit data there can be a material impact on the England-level percentage.

For example, Medway NHS Foundation Trust was unable to submit data for October or November 2015. At the end of September 2015, 70.1 per cent of patients waiting to start treatment at Medway NHS Foundation Trust were waiting up to 18 weeks. The impact of removing the figures for this trust from the published September 2015 England-level figure of 92.5% of incomplete pathways within 18 weeks is an increase of 0.25 percentage points to 92.8%. This also caused a discontinuity in the specialty level, commissioner and regional series between September and October 2015. For example, removing Medway from the September 2015 figure for the South of England Commissioning Region would change it from the published 91.0% to 92.0%, an increase of 1.0 percentage points.

6. Median and 92nd percentile waiting times

The median is the preferred measure of the average waiting time as it is less susceptible to extreme values than the mean. The median waiting time is the middle value when all patients are ordered by length of wait, in other words, the midpoint of the RTT waiting times distribution or 50th percentile. For incomplete pathways, 50% of patients were waiting within the median waiting time.

The 92nd percentile waiting time is shown for incomplete pathways to correspond with the 92% operational standard. This is the time that 92% of patients had been waiting less than (and 8% of patients had been waiting more than). For example, if the 92nd percentile is 17 weeks, then 92% of patients had been waiting less than 17 weeks at the end of the reporting period and 8% of patients had been waiting more than 17 weeks.

It should be noted that median and 92nd percentile waiting times are calculated from aggregate data, rather than patient-level data, and therefore are only estimates of the position on average waits.

7. Interpretation of RTT waiting times

Care should be taken when making month-on-month comparisons of these figures as measures of waiting time performance are subject to seasonality. For example, adverse weather during winter may change the balance between elective and emergency care. Similarly, the number of patients starting treatment will be influenced by the number of working days in the calendar month.

8. National Statistics

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs

- are well explained and readily accessible
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

9. Feedback welcomed

We welcome feedback on the content and presentation of RTT statistics within this statistical press notice and those published on the NHS England website. If you have any comments on this, or any other issues regarding RTT statistics, please email england.rtt@nhs.net

10. Additional Information

For press enquiries, please e-mail the NHS England media team at nhsengland.media@nhs.net or call 0113 825 0958 or 0113 825 0959.

The Government Statistical Service (GSS) statistician responsible for producing these data is:

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